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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						Application or Pocket Number 10/622170		
CLAIMS AS FILED - PART I						SMALL ENTITY OR OTHER THAN SMALL ENTITY		
(Column 1)		(Column 2)		(Column 3)				
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE			
BASIC FEE (37 CFR 1.16(a))					\$150			
TOTAL CLAIMS (37 CFR 1.16(c))	25	minus 20 =		5				
INDEPENDENT CLAIMS (37 CFR 1.16(b))	4	minus 3 =		1				
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								
* If the difference in column 1 is less than zero, enter "0" in column 2.								
CLAIMS AS AMENDED - PART II						SMALL ENTITY OR OTHER THAN SMALL ENTITY		
(Column 1)		(Column 2)		(Column 3)				
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE		
	Total (37 CFR 1.16(c))	4	Minus	25	=	0		
	Independent (37 CFR 1.16(b))	2	Minus	4	=	0		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
	TOTAL ADD'L FEE							
(Column 1)		(Column 2)		(Column 3)				
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE		
	Total (37 CFR 1.16(c))	4	Minus	25	=	0		
	Independent (37 CFR 1.16(b))	2	Minus	4	=	0		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
	TOTAL ADD'L FEE							
(Column 1)		(Column 2)		(Column 3)				
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE		
	Total (37 CFR 1.16(c))	4	Minus	25	=	0		
	Independent (37 CFR 1.16(b))	2	Minus	4	=	0		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
	TOTAL ADD'L FEE							

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 7

PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

9038 D/622/170

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	25	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	25 minus 20 =	5
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE	RATE	FEE
BASIC FEE	\$75.00	BASIC FEE	\$750.00
X3 9=		X3 18=	90
X42=		X84=	84
+140=		+280=	
TOTAL		TOTAL	924

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PAYMENT EXTRA
Total	25	25	
Independent	4	4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X3 9=		X3 18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PAYMENT EXTRA
Total	25	25	
Independent	4	4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X3 9=		X3 18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PAYMENT EXTRA
Total	25	25	
Independent	4	4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X3 9=		X3 18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 * If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".
 * If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".
 * The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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